CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

	ENDIDATE OR COMMITTEE FOR ASSESSOR
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 5420 Woodbapoe De. Ooltewa.	State Zip Code Phone L TENN, 37363 423 238-5115
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable) ASSESSOR OF PROPERTY	6. NAME OF POLITICAL TREASURER (may be candidate) Charles Umb ARGER
7. CATEGORY OR REPORT (Check onfe) FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD 12-31-05	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL 8.b. ENDING DATE OF REPORTING PERIOD 12-31-06
9. (Check one)	12 31-00
tures total \$1,000 or less for this reporting period. (Com	losure because contributions (including in-kind) received total more than \$1,000
accurate accounting of campaign contributions and expenditure	~ ///
11. WITNESS SIGNATURE Signature of witness 1-25-0 date	7 Susa Swiles 1-25-07 signature of witness date
12. SUMMARY BALANCE ON HAND LAST REPORT	. 2494 86
b. TOTAL RECEIPTS THIS PERIOD	-0 -
c. TOTAL DISBURSEMENTS THIS PERIOD	. 9/2
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	NA 35 NAL TOOS 8 1424 -
e. TOTAL LOANS OUTSTANDING	mrssiww03 s ss
f. TOTAL OBLIGATIONS OUTSTANDING	S HOLIMAIN S -O-

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PER	SIOE
Bill BENNETT	FROM: 12-31-05 TO: 12-31-0	060
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$0-	
b. Itemized Contributions (over \$100 from each source this period)	so=	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s0-	
6. LOANS RECEIVED THIS REPORTING PERIOD	s0-	
7. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>-0-</u>	•
8. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>-0-</u>	e e
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
s		
	_	
Total of Expenditures (\$100 or less each payee)	\$	
b. Itemized Expenditures (Over \$100 each payee this period)	s 1000	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>/000</u>	0
20. LOAN REPAYMENTS MADE THIS PERIOD	s <u> </u>	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) .	s /000	5
22.IN-KIND CONTRIBUTIONS		
a. Uniternized in-kind contributions (\$100 or less from each source this period)	\$0-	
b. Itemized in-kind contributions (over \$100 from each source this period)	s -0-	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and		-
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	s -0-	
b. Itemized Obligations Outstanding (Over \$100 each)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in		_
to the obelocations of total and 25.a. and 25.b.) (most be shown)	Neil: 12.1.)	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD				
DIN DENNET	TRUM. 12-31-0	5 TO:/2-3/-06			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITE		Name and Address of the Owner, where the Owner,			
4. COMPLETE THE APPROPRIATE ITEMS FOR B			E (expenditures totaling more than \$10	0 to any payee during the	period)
irst Name Hamilton Co. Republican ast Name/Business Name Party ddress State Zip Code		Purpose of Expenditure 2 tables Lincoln Dinne	A+ DAY R	Amount of Expenditure	
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		1			
Address	ddress				
City	State	Zip Code			
First Name	Middle Na	arne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Ardress					
City	State	Zīp Code			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
ddress					
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure	Purpose of Expenditure	
Last Name/Business Name					
Address					
City	State	Zip Code			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must					